

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 170-87)**

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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49						
50						
TOTAL	4					
TOTAL	14					
TOTAL	15					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
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